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CONFIRMATION NO. 8477

<b>SERIAL NUMBER</b> 10/773,926	<b>FILING OR 371(c) DATE</b> 02/06/2004 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3709	<b>ATTORNEY DOCKET NO.</b> P06452US00
<b>APPLICANTS</b> Ted H. Pacha, Iowa City, IA; Della Jean Schroeder, Maquoketa, IA;				
<b>** CONTINUING DATA *****</b> none SPP				
<b>** FOREIGN APPLICATIONS *****</b> none SPP				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 05/05/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met		<b>STATE OR COUNTRY</b> IA	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 15
Allowance Examiner's Signature <i>[Signature]</i> Initials <i>SPP</i>		<b>INDEPENDENT CLAIMS</b> 3		
<b>ADDRESS</b> 22885				
<b>TITLE</b> Immunization system				
<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	